



Express Mail Label No. ET176340069US
Date of Deposit: March 31, 2004

Attorney Docket No. 01374-294

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE



Applicants: **Jonathan C. Roberts and Dimitri G. Betses**

For: **SYSTEM AND METHODS OF PROVIDING PHARMACY SERVICES**

Mail Stop: PATENT APPLICATION
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

TRANSMITTAL LETTER

Sir:

Transmitted herewith for filing in the present application are the following documents:

- [X] Request for Filing New Patent Application under 37 C.F.R. 1.53(b);
- [X] Patent Application including Specification (58 pages); Claims (21 pages); Cover (1 page) and Abstract (1 page)
- [X] Eleven (11) Sheets of Informal Drawings - Figs. 1-10;
- [X] Declaration and Power of Attorney (unsigned); and
- [X] Check in the amount of \$1,668.00 for Patent Application Filing Fee.

If the enclosed papers are considered incomplete, the Mail Room and/or the Application Branch is respectfully requested to contact the undersigned at 617/542-6000, Boston, Massachusetts.

If the amount of the check is insufficient, the Commissioner is hereby authorized to charge any additional fees to the undersigned's deposit account no. 50-0311. Please reference Attorney Docket No. 01374-294.

Respectfully submitted,



Carol H. Peters

Registration No. 45,010
MINTZ, LEVIN, COHN, FERRIS
GLOVSKY and POPEO, P.C.
Attorneys for Applicant(s)
One Financial Center
Boston, MA 02111
Telephone: 617/348-4914
Facsimile: 617/542-2241
email: cpeters@mintz.com

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NEW NONPROVISIONAL APPLICATION
PURSUANT TO 37 C.F.R. 1.53(b)

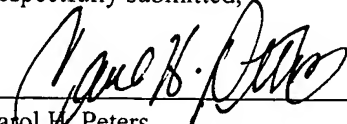
1. This is a request for filing a new nonprovisional application under 37 C.F.R. 1.53(b) entitled
SYSTEM AND METHODS OF PROVIDING PHARMACY SERVICES
2. ☒ Specification (58 pages); Claims (21 pages); Abstract (1 page); Cover (1 page)
3. ☒ Drawings - Number of Sheets – Eleven (Figs. 1-10)
☐ Formal
☒ Informal
4. ☒ Declaration and Power of Attorney
☒ Unsigned
☐ Signed
5. ☐ Information Disclosure Statement (IDS)
☐ Copy of IDS and PTO-1449 (X pages)
☐ Copies of references cited
6. ☐ Assignment Papers
☐ Recordation Form Cover Sheet (PTO-1595)
☐ Assignment Document

7. Fee Calculation

CLAIMS AS FILED					
Claims	Number Filed	Basic Fee Allowance	Number Extra	Rate	Basic Fee 37 C.F.R. 1.16(a) \$770.00
Total Claims (37 C.F.R. 1.16(c))	84	- 20 =	64	\$ 18.00	1,152.00
Independent Claims (37 C.F.R. 1.16(b))	9	- 3 =	6	\$ 86.00	516.00
Multiple Dependent Claim(s), if any (37 C.F.R. 1.16(d))	0		8	\$290.00	.00
Reduction by 50% for filing by small entity:					\$
TOTAL FEE					\$1,668.00

8. ☐ Applicant claims Small Entity Status.
9. ☒ A check in the amount of \$1,668.00 is enclosed.
10. ☐ The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 50-0311, Ref. _____
- ☐ Fees required under (37 C.F.R. §1.16).
- ☐ Fees required under (37 C.F.R. §1.17).
- ☐ Fees required under (37 C.F.R. §1.18).
11. ☒ Return Receipt Postcard Enclosed.

Respectfully submitted,



Carol W. Peters
Registration No. 45,010
MINTZ, LEVIN, COHN, FERRIS
GLOVSKY and POPEO, P.C.
Attorneys for Applicant(s)
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Boston, MA 02111
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